STATE OF FLORIDA	CHECK APPROPRIATE BOX
Original Appointment	
FOR CANDIDATES (Section 106.021(1), F.S.)	Reappointment of Treasurer
(Section 106.021(1), F.S.)	Secondary Depository
(PLEASE TYPE)	
Name of Candidate	Address (include post office box or street, city, state, zip code)
Loseph FONTAMA (SOE)	5750 Collins Ave-
105 g/ 10 NI 01 1/4 (50E)	minn; 350d - F/A-33140
Telephone (optional) 2. Party (Partisan candidates	• • • • • • • • • • • • • • • • • • • •
(305) 81-1054 N.A	CROUP II Commission
I have appointed the following person to act as my	Campaign Treasurer Deputy Treasurer
4. Name of Treasurer or Deputy Treasurer	
2055/ FONTANA	
5. Mailing Address (If post office box or drawer add street ad	' -
7. City 8. County	9. State 10. Zip Code
migni BEAch. PAde	FlA. 33/40
I have designated the following named bank as my	Primary Depository Secondary Depository
11. Name of Bank	12. Street Address 401 Lincoln Rd-
BANK AMERICA - 13. City 14. County	15. State 16. Zip Code
mami Brach. Proce	FIA. 33139
I WILL NOTIFY YOU OF ANY ADDITIONS OR CHANGES TO THESE APPOINTMENTS.	
17. Signature of Candidate	Date
X Josh Forto	Sept. 7 2001
Campaign Treasurer's Acceptance of Appointment	
1, Lossph FonTANA (Place Print or Type)	, do hereby accept the appointment as
(Please Print or Type)	, do notoby decept the appending de
Campaign Treasurer Deputy Treasurer for the campaign of Soc Fortang	
who is seeking nomination or election as a	(Party) candidate to the office of
Commission . As a duly registered voter in Date County	
County, Florida, I am qualified to accept this appointment.	
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Sey X. 2 2001 X	Tourse Fort
Date X Signature of Campaign Preasurer or Deputy Treasurer	